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PTO FAX NO.: (703) 872-9306

Atty Docket No. 022263-000210US

ATTENTION: Examiner
TELEPHONE NO.:

Group Art Unit 2681

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I hereby certify that the following document(s) in re Application of Lawrence J. Malone, et al., Application No. 10/807,208, filed March 22, 2004 for DIRECT-CONVERSION RECEIVER SYSTEM AND METHOD WITH QUADRATURE BALANCING AND DC OFFSET REMOVAL is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Preliminary Amendment;
3. Revocation of Power of Attorney with New Power of Attorney and Statement Under 37 CFR 3.73(b); and
4. Supplemental Application Data Sheet.

Number of pages being transmitted, including this page: 11

Dated: July 22, 2004


Jeanette M. Olivera

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 858-350-6100
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number	10/807,208
Filing Date	March 22, 2004
First Named Inventor	Malone, Lawrence J.
Art Unit	2681
Examiner Name	

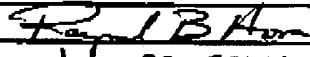
Attorney Docket Number

022263-000210US

ENCLOSURES (Check all that apply)

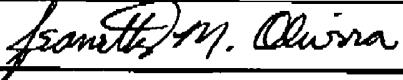
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> Supplemental Application Data Sheet
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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